

Bayfield County
Planning and Zoning Depart.
PO Box 58
Washburn, WI 54891
(715) 373-6138

Stamp (Received)
RECEIVED
SEP 09 2015

| | |
|--------------|-------------|
| Permit #: | 15-0853 |
| Date: | 9-17-15 |
| Amount Paid: | \$759-17-15 |
| Refund: | |

TO APPOINT SEITH

| TYPE OF PERMIT REQUESTED → | | <input checked="" type="checkbox"/> LAND USE | <input type="checkbox"/> SANITARY | <input type="checkbox"/> PRIVY | <input type="checkbox"/> CONDITIONAL USE | <input type="checkbox"/> SPECIAL USE | <input type="checkbox"/> B.O.A. | <input type="checkbox"/> OTHER |
|--|---|---|---|---|---|---|--|---|
| Owner's Name: | | <u>Luzius Thoeny</u> | | | | | | Telephone: <u>NONE</u> |
| Address of Property: | | <u>5770 Spring Lake Rd.</u> | | | | | | Cell Phone: <u>715-817-0580</u> |
| Contractor: | | <u>self</u> | | | | | | Plumber Phone: |
| Authorized Agent: (Person Signing Application on behalf of Owner(s)) | | Mailing Address: | | City/State/Zip: | | Agent Mailing Address (Include City/State/Zip): | | Written Authorization Attached <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| | | P.O. Box 132 | | IRON RIVER WI 54847 | | | | |
| | | Contractor Phone: | | Plumber: | | | | |
| | | Agent Phone: | | | | | | |
| PROJECT LOCATION | | Legal Description: (Use Tax Statement) | | PIN: (23 digits) 04-022-2-47-09-02-404-000-11089 | | Recorded Document: (i.e. Property Ownership) Volume <u>1038</u> Page(s) <u>595</u> | | |
| <u>SE 1/4, SE 1/4</u> | | Gov't Lot | Lot(s) | CSM | Vol & Page | Lot(s) No. | Block(s) No. | Subdivision: |
| | | | <u>1</u> | <u>1945</u> | <u>9 171</u> | <u>1</u> | | |
| Section <u>2</u> , Township <u>47</u> N, Range <u>9</u> W | | Town of: <u>Hughes</u> | | Lot Size | | Acreage | | |
| | | | | <u>32028x635.09</u> | | <u>4.670</u> | | |
| <input type="checkbox"/> Shoreland → | <input type="checkbox"/> Is Property/Land within 300 feet of River, Stream, Creek or Landward side of Floodplain? <input type="checkbox"/> If yes---continue → | <input type="checkbox"/> Is Property/Land within 1000 feet of Lake, Pond or Flowage <input type="checkbox"/> If yes---continue → | Distance Structure is from Shoreline: _____ feet | | Is Property in Floodplain Zone? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | Are Wetlands Present? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| <input checked="" type="checkbox"/> Non-Shoreland | | | | | | | | |
| Value at Time of Completion * include donated time & material | Project | # of Stories and/or basement | Use | # of bedrooms | What Type of Sewer/Sanitary System Is on the property? | | Water | |
| \$ <u>16,000.00</u> | <input type="checkbox"/> New Construction <input checked="" type="checkbox"/> Addition/Alteration <input type="checkbox"/> Conversion <input type="checkbox"/> Relocate (existing bldg) <input type="checkbox"/> Run a Business on Property | <input checked="" type="checkbox"/> 1-Story <input type="checkbox"/> 1-Story + Loft <input type="checkbox"/> 2-Story <input type="checkbox"/> Basement | <input checked="" type="checkbox"/> Seasonal Year Round <input type="checkbox"/> _____ | <input checked="" type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 | <input type="checkbox"/> Municipal/City <input type="checkbox"/> (New) Sanitary Specify Type: _____ <input checked="" type="checkbox"/> Sanitary (Exists) Specify Type: <u>Pit - Vaulted</u> <input type="checkbox"/> Privy (Pit) or Vented (min 200 gallon) <input type="checkbox"/> Portable (w/service contract) <input type="checkbox"/> Compost Toilet <input type="checkbox"/> None | | <input type="checkbox"/> City <input checked="" type="checkbox"/> Well | |
| | | | | | | | <u>well</u> | |

| Value at Time of Completion * include donated time & material | Project | # of Stories and/or basement | Use | # of bedrooms | What Type of Sewer/Sanitary System Is on the property? | Water |
|--|---|--|---|--|--|---|
| \$ <u>16,000.00</u> | <input type="checkbox"/> New Construction <input checked="" type="checkbox"/> Addition/Alteration <input type="checkbox"/> Conversion <input type="checkbox"/> Relocate (existing bldg) <input type="checkbox"/> Run a Business on Property <input type="checkbox"/> _____ | <input checked="" type="checkbox"/> 1-Story <input type="checkbox"/> 1-Story + Loft <input type="checkbox"/> 2-Story <input type="checkbox"/> Basement <input type="checkbox"/> No Basement <input type="checkbox"/> Foundation <input checked="" type="checkbox"/> Slab | <input checked="" type="checkbox"/> Seasonal <input checked="" type="checkbox"/> Year Round <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> None <input type="checkbox"/> Compost Toilet <input type="checkbox"/> None | <input checked="" type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> _____ <input type="checkbox"/> None | <input type="checkbox"/> Municipal/City <input type="checkbox"/> (New) Sanitary <input checked="" type="checkbox"/> Sanitary (Exists) Specify Type: <u>Tile - Drain Field</u> <input type="checkbox"/> Privy (Pit) or Vaulted (min 200 gallon) <input type="checkbox"/> Portable (w/ service contract) <input type="checkbox"/> Compost Toilet <input type="checkbox"/> None | <input type="checkbox"/> City <input checked="" type="checkbox"/> Well |

| Existing Structure: (if permit being applied for is relevant to it) | Length: | Width: | Height: |
|---|------------------|------------------|------------|
| Proposed Construction: <u>Deck / Entry Level Deck</u> | <u>30' / 24'</u> | <u>10' / 18'</u> | <u>17'</u> |

| Proposed Use | Proposed Structure | Dimensions | Square Footage |
|-------------------------------------|--|--|----------------|
| ✓ <input type="checkbox"/> | Principal Structure (first structure on property) | | |
| <input checked="" type="checkbox"/> | Residence (i.e. cabin, hunting shack, etc.) | <u>a wooden built up peninsula # 09-0091</u> | <u>519</u> |
| | with Loft | X) | |
| | with a Porch | (X) | |
| | with (2 nd) Porch | (X) | |
| | with a Deck | (10 x 30') | 30 |
| | with (2 nd) Deck | (X) | |
| <input type="checkbox"/> | Commercial Use | | |
| | Bunkhouse w/ (<input type="checkbox"/> sanitary, or <input type="checkbox"/> sleeping quarters, or <input type="checkbox"/> cooking & food prep facilities) | (18 x 24) | 436 |
| | Mobile Home (manufactured date) _____ | (X) | |
| | Addition/Alteration (specify) _____ | (X) | |
| <input type="checkbox"/> | Municipal Use | | |
| | Accessory Building (specify) _____ | (X) | |
| <input type="checkbox"/> | Accessory Building Addition/Alteration (specify) _____ | (X) | |
| | Special Use: (explain) _____ | (X) | |
| | Conditional Use: (explain) _____ | (X) | |
| | Other: (explain) _____ | (X) | |

SEP 17 2015

FAILURE TO OBTAIN A PERMIT OR STARTING CONSTRUCTION WITHOUT A PERMIT WILL RESULT IN PENALTIES

I (we) declare that this application (including any accompanying information) has been examined by me (us) and to the best of my (our) knowledge and belief it is true, correct and complete. I (we) acknowledge that I (we) and I (we) are responsible for the detail and accuracy of all information I (we) am (are) providing in or with this application. I (we) consent to county officials charged with administering county ordinances to have access to the information I (we) am (are) providing in or with this application. I (we) acknowledge that I (we) am (are) providing in or with this application, any information that I (we) am (are) providing in or with this application, may be used for any purpose by the county for any purpose of inspection, and for any other purpose for the purpose of inspection.

Owner(s): James J. McElroy

Authorized Agent: _____

(If you are signing on behalf of the owner(s) a letter of authorization must accompany this application)

Address to send permit
P.O. Box 132 Iron River MI 54847

Attach
Copy of Tax Statement
properly send your Recorded Deed

APPLICANT - PLEASE COMPLETE PLOT PLAN ON REVERSE SIDE

SUBMIT: COMPLETED APPLICATION, TAX STATEMENT AND FEE TO:
Bayfield County
Planning and Zoning Depart.
PO Box 58
Washburn, WI 54891
(715) 373-6138

APPLICATION FOR PERMIT
BAYFIELD COUNTY, WISCONSIN

DATE RECEIVED
AUG 06 2014

ENTERED Permit #
15-0355

Date: 9-18-15
Amount Paid: \$250 8-6-14
Refund:

INSTRUCTIONS: No permits will be issued until all fees are paid.
Checks are made payable to: Bayfield County Zoning Department.
DO NOT START CONSTRUCTION UNTIL ALL PERMITS HAVE BEEN ISSUED TO APPLICANT.

Bayfield Co. Zoning Dept.
5-4-15

TYPE OF PERMIT REQUESTED: ☒ LAND USE ☐ SANITARY ☐ PRIVY ☐ CONDITIONAL USE ☐ SPECIAL USE ☐ B.O.A. ☐ OTHER

Owner's Name: Trailside Camp LLC Mailing Address: 46935 City/State/Zip: 54847 WI Telephone: 715
Security State Bank PO Box 157 Iron River, WI 54847 5484372-4242
Address of Property: Brian Center City/State/Zip: Iron River, WI 54847 Cell Phone:

Contractor: 3670 Stephens Rd Contractor Phone: Iron River, WI 54847 Plumber: Plumber Plumber Phone:

Authorized Agent: (Person Signing Application on behalf of Owner(s)) Willard Dyren Agent Phone: same Agent Mailing Address (include City/State/Zip): same Written Authorization Attached ☐ Yes ☒ No

PROJECT LOCATION: SW 1/4 NE 1/4 Gov't Lot: 153 RRD W1/8 Lot(s): 153 RRD W1/8 CSM: 153 RRD W1/8 Vol & Page: 153 RRD W1/8 Lot(s) No.: 153 RRD W1/8 Block(s) No.: 153 RRD W1/8 Subdivision: 153 RRD W1/8 Recorded Document: (i.e. Property Ownership) Volume 1122 Page(s) 173

Section 9, Township 47 N, Range 9 W Town of: Hughes Lot Size: 33 Acreage: 33

☒ Shoreland ☐ Non Shoreland ☐ Is Property/Land within 300 feet of River, Stream (incl. intermittent) Creek or Landward side of Floodplain? ☒ Yes ☐ No Distance Structure is from Shoreline: 400+ feet ☐ Is Property/Land within 1000 feet of Lake, Pond or Flowage ☐ Yes ☐ No Distance Structure is from Shoreline: 400+ feet ☐ Yes ☐ No

| Value at Time of Completion * include donated time & material | Project | # of Stories and/or basement | Use | # of bedrooms | What Type of Sewer/Sanitary System is on the property? | Water |
|--|--|---|--|---------------------------------------|---|--|
| \$ <u>75,000</u> | <input checked="" type="checkbox"/> New Construction | <input checked="" type="checkbox"/> 1-Story | <input type="checkbox"/> Seasonal | <input type="checkbox"/> 1 | <input type="checkbox"/> Municipal/City | <input type="checkbox"/> City |
| | <input type="checkbox"/> Addition/Alteration | <input type="checkbox"/> 1-Story + Loft | <input checked="" type="checkbox"/> Year Round | <input checked="" type="checkbox"/> 2 | <input type="checkbox"/> (New) Sanitary Specify Type: _____ | <input checked="" type="checkbox"/> Well |
| | <input type="checkbox"/> Conversion | <input type="checkbox"/> 2-Story | <input type="checkbox"/> _____ | <input checked="" type="checkbox"/> 3 | <input checked="" type="checkbox"/> Sanitary (Exists) Specify Type: _____ | <input type="checkbox"/> _____ |
| | <input type="checkbox"/> Relocate (existing bldg) | <input type="checkbox"/> Basement | <input type="checkbox"/> _____ | <input checked="" type="checkbox"/> 3 | <input type="checkbox"/> Privy (Pit) or <input type="checkbox"/> Vaulted (min 200 gallon) | |
| | <input type="checkbox"/> Run a Business on Property | <input type="checkbox"/> No Basement | <input type="checkbox"/> None | <input type="checkbox"/> None | <input type="checkbox"/> Portable (w/service contract) | |
| | <input type="checkbox"/> Foundation | | | | <input type="checkbox"/> Compost Toilet | |
| | <input type="checkbox"/> _____ | <input type="checkbox"/> _____ | | | <input type="checkbox"/> None | |

Look below. Draw or Sketch your Property (regardless of what you are applying for)

- (1) Show location of: **Proposed Construction**
(2) Show / Indicate: **North (N)** on Plot Plan
(3) Show location of (*): **(*) Driveway and (*) Frontage Road (Name Frontage Road)**
(4) Show: **All Existing Structures on your Property**
(5) Show: **(*) Well (W); (*) Septic Tank (ST); (*) Drain Field (DF); (*) Holding Tank (HT) and/or (*) Privy (P)**
(6) Show any (*): **(*) Lake; (*) River; (*) Stream/Creek; or (*) Pond**
(7) Show any (*): **(*) Wetlands; or (*) Slopes over 20%**

see attachment

Please complete (1) - (7) above (prior to continuing)

(8) Setbacks: (measured to the closest point)

Changes in plans must be approved by the Planning & Zoning Dept.

| Description | Measurement | Description | Measurement |
|---|-------------|--|---|
| Setback from the Centerline of Platted Road | 280 Feet | Setback from the Lake (ordinary high-water mark) | NA Feet |
| Setback from the Established Right-of-Way | 260+ Feet | Setback from the River, Stream, Creek | 400+ Feet |
| Setback from the North Lot Line | 1,000 Feet | Setback from the Bank or Bluff | NA Feet |
| Setback from the South Lot Line | NA Feet | Setback from Wetland | 300+ Feet |
| Setback from the West Lot Line | NA Feet | 20% Slope Area on Property | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| Setback from the East Lot Line | 400+ Feet | Elevation of Floodplain | NA Feet |
| Setback to Septic Tank or Holding Tank | Feet | Setback to Well | 46 Feet |
| Setback to Drain Field | Feet | | |
| Setback to Privy (Portable, Composting) | NA Feet | | |

Prior to the placement or construction of a structure within ten (10) feet of the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner or marked by a licensed surveyor at the owner's expense.

Prior to the placement or construction of a structure more than ten (10) feet but less than thirty (30) feet from the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner, or verifiable by the Department by use of a corrected compass from a known corner within 500 feet of the proposed site of the structure, or must be marked by a licensed surveyor at the owner's expense.

(9) Stake or Mark Proposed Location(s) of New Construction, Septic Tank (ST), Drain field (DF), Holding Tank (HT), Privy (P), and Well (W).

NOTICE: All Land Use Permits Expire One (1) Year from the Date of Issuance if Construction or Use has not begun.

For The Construction Of New One & Two Family Dwellings: All Municipalities Are Required To Enforce The Uniform Dwelling Code.

The local Town, Village, City, State or Federal agencies may also require permits.

Issuance Information (County Use Only)

Permit Denied (Date):

Sanitary Number: 15-1808

of bedrooms: 3

Sanitary Date: 9-18-15

Permit #: 15-0355

Permit Date: 9-18-15

Is Parcel a Sub-Standard Lot
Is Parcel in Common Ownership
Is Structure Non-Conforming

☐ Yes ☒ No
☐ Yes ☒ No
☐ Yes ☒ No

Mitigation Required
Mitigation Attached

☐ Yes ☒ No
☐ Yes ☒ No

Affidavit Required
Affidavit Attached

☐ Yes ☒ No
☐ Yes ☒ No

Granted by Variance (B.O.A.)

Case #:

☐ Yes ☒ No

Case #:

Was Parcel Legally Created
Was Proposed Building Site Delineated

☒ Yes ☐ No
☒ Yes ☐ No

Were Property Lines Represented by Owner
Was Property Surveyed

☒ Yes ☐ No
☒ Yes ☐ No

Inspection Record:

Structure is existing. No setbacks.

Date of Inspection: 8-12-14

Inspected by: M. Furdak

Zoning District (R-1)
Lakes Classification (3)

Condition(s): Town, Committee or Board Conditions Attached?

☐ Yes ☐ No - (if No they need to be attached.)

Signature of Inspector:

Hold For Sanitary: 15-1808

Hold For TBA: ☐

Hold For Affidavit: ☐

Hold For Fees: ☐

Date of Approval: 8/13-14



Print Date: 08/06/2014
Image Date: 04/24/2009
Level: Neighborhood